



**UpReach Therapeutic Equestrian Center, Inc.**  
153 Paige Hill Road, Goffstown, NH 03045  
603.497.2343 FAX: 603.497.5367



## EMERGENCY MEDICAL AUTHORIZATION

**Participant/Volunteer Name:**

\_\_\_\_\_  
In the event that emergency medical/aid treatment is required due to illness or injury during participation in UpReach Therapeutic Equestrian Center, Inc. programs, I authorize UpReach Therapeutic Equestrian Center, Inc. as follows:

### Consent

I authorize medical treatment including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed above is unable to be reached.

**Consent Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Parent or Legal Guardian, if under 18 or applicable)

### Non Consent

I **do not** grant consent for emergency medical treatment/ aid in the case of illness or injury during the process of volunteering services or while on the premise of UpReach Therapeutic Equestrian Center, Inc. In the event emergency treatment is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_

**Non Consent Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Parent or Legal Guardian, if under 18 or applicable)



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**PHOTO/VIDEO CONSENT**

I hereby authorize the UpReach Therapeutic Equestrian Center, Inc. ("UpReach") to use my (or my child's/ward's) photographic or video image(s) in its web site, newsletter, or any other publication. UpReach may also distribute the image to newspapers, televisions or other media, including the internet, for use in advertisements, stories or news items pertaining to UpReach or its equine assisted programs.

I acknowledge that only UpReach is authorized to use the image(s). I am not giving my authorization for use of any image by any other organization, any other person or company. I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken, by submitting said revocation in writing and signed by me. I hereby release UpReach and its directors from any legal responsibility or liability for disclosure of the images.

If the person whose image is being used is under the age of 18, this authorization must be signed by a parent or guardian.

☐ DO CONSENT TO USE OF IMAGES AS SET FORTH ABOVE

☐ DO NOT CONSENT

Signature \_\_\_\_\_

(Parent or Legal Guardian, if under 18 or applicable)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_